

ORIGINAL ARTICLES

Scientific and General

THE TUBERCULOSIS ASSOCIATION'S PLACE IN THE CALIFORNIA HEALTH PROGRAM*

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TOO much credit cannot be given our tuberculosis associations for the part they have played in the advancement of the public health program throughout California. The first organization for the control of tuberculosis in this State was formed in 1902, two years before that of the National Tuberculosis Association. The original California society was called the Southern California Anti-Tuberculosis League. In 1903, the tuberculosis committee of the California Medical Association was established. These two organizations operated largely in Southern California and in San Francisco. This activity in tuberculosis control in 1903 is of interest because the first steps to organize the California State Board of Health upon a modern plan were taken in 1905, when the Bureau of Vital Statistics and the Hygienic Laboratory were established.

The activities of the California Tuberculosis Association eventually led to the organization of the State Bureau of Tuberculosis in 1915.[†] (See historical footnote in opposite column.)

In the intervening years, hundreds of influential laymen, practicing doctors of medicine, and public health workers, bound together by the Association, contributed vastly to the dissemination of information relative to tuberculosis and the ways in which the disease may spread. Since those pioneer days many activities that were considered essential in the prevention and control of the disease have been adopted or discarded, but to a great degree the basic factors in the spread of the disease are still operative, and some which seemed to have been eliminated are returning to menace the health and welfare of our people.

CALIFORNIA'S HEALTH PROBLEMS OF TODAY

The California health problem of today is not a single issue; it is composed of many problems, most of which are associated in one way or another with the devastating world-wide conflict in which we are engaged. Among them are overcrowding, particularly in the vicinity of our war industrial plants; difficulty, not alone in the control of food and food sanitation, but primarily in obtaining essential foods for all people; difficulty in providing full and complete protection for public water supplies; inadequate control of sewage disposal in many parts of the State because of the difficulty of securing essential materials; shortage of drugs and various

[†]Editor's Note.—To amplify somewhat, it may be permissible to add some historical data:

At a meeting of the Southern California Medical Society, Francis M. Pottenger, M. D., of Monrovia proposed the formation of an organization to combat tuberculosis, and the California Anti-Tuberculosis League came into being in May, 1902, with Doctor Pottenger as president and the late Charles C. Browning, M. D., as vice-president.

This society was the seventh anti-tuberculosis society to be formed in the United States and preceded the organization of the National Tuberculosis Association, which in its beginning had the name National Society for the Study and Prevention of Tuberculosis.

Conforming to the new name of the national organization, the Southern California Anti-Tuberculosis Society changed its name to become the Southern California Society for the Study and Prevention of Tuberculosis. In like manner the local Los Angeles Anti-Tuberculosis Society changed its name.

It is of interest to know that the Los Angeles Society for the Study and Prevention of Tuberculosis at a time when Dr. George H. Kress was its secretary brought out a Christmas Seal tuberculosis stamp in the same year as did the National Tuberculosis Association. The Los Angeles stamp was illustrated by the seal of the city of Los Angeles, and a reproduction appeared in the "Bulletin of the California Society for the Study and Prevention of Tuberculosis," a bimonthly publication, of which Doctor Kress was editor.

The movement for education concerning tuberculosis spread into other communities more, however, in the southern section of California than in the northern division.

In 1903 Dr. N. K. Foster of Oakland became Director of the California State Board of Public Health, and in cooperation with the late Dr. C. C. Browning of San Bernardino submitted statutes to the California Legislature asking for an appropriation to carry on official educational work. In 1905 and again in 1907 the State Board of Public Health was able to secure an appropriation of \$1,000. The Southern Pacific Railroad cooperated in 1909 by donating the use of a coach containing a traveling public health exhibit in which tuberculosis was emphasized. Free transportation was given to this coach as it was carried about the State, and much basic educational propaganda was carried on in this wise.

Dr. N. K. Foster was succeeded by Dr. William F. Snow as Director of the California State Board of Public Health. Doctor Snow later gave up his position to assume the directorship of the American Social Hygiene Association in New York, in which position he is still active. In 1911 Doctor Snow was successful in securing an appropriation of \$5,000 to provide for a study of tuberculosis by a State Tuberculosis Commission composed of an Executive Committee consisting of five members, and an Advisory Committee of fifty citizens. The Executive Committee which was appointed consisted of Dr. George H. Kress, Los Angeles, Chairman; Dr. C. C. Browning, Monrovia; Miss Katherine C. Felton, San Francisco; Mr. A. Bonnheim, Sacramento; and Dr. R. S. Broderick, Oakland.

The Executive Committee carried on its studies with the assistance of Mr. Guy P. Jones, who was loaned by the California State Board of Public Health as clerk, and who is still an employee of the California State Board of Public Health.

The report which was submitted by the Executive Committee of the State Tuberculosis Commission in 1913 suggested that two measures of importance be adopted:

(a) That a Bureau of Tuberculosis be established, same to be under the jurisdiction of the California State Board of Public Health; and

(b) That a recommendation be made to the State that adequate funds be appropriated by the Legislature whereby every county of California which would establish tuberculosis wards or pavilions that would conform to standards laid down by the State Bureau of Tuberculosis should be given a subsidy of \$3 per week per patient. The Commission's Executive Committee also emphasized the fact that tuberculosis was a community problem and registered its opposition to a State sanatorium or sanatoria. The adoption of these statutes had much to do with the progress recorded in the years that followed.

The first chief of the Bureau of Tuberculosis was Miss Edith Tate, who at the time of her appointment was the secretary of the Los Angeles Society for the Study and Prevention of Tuberculosis.

The history of the tuberculosis work in California, with particular reference to the development of county sanatoria, revolves thereafter in large degree around the official activities of the Tuberculosis Bureau of the State Board of Public Health.

During all this time, however, the California Tuberculosis Association, in conjunction with its local county, city, and district units, worked in close cooperation with the State Bureau of Tuberculosis. The funds for these organizations were raised largely through the sale of the Christmas seals, which in recent years, because of the splendid organization setup, have brought to the societies participating, funds that have permitted great expansion in the educational and other work. It is much to the credit of the Tuberculosis Associations which came into existence so early that California, in less than half a century, was able to greatly reduce the incidence of tuberculosis morbidity and mortality in the State.

G. H. K.

*From the California State Department of Public Health.

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medical supplies, making difficult the treatment of communicable diseases; the presence of rapidly fatal diseases, such as epidemic meningitis and others that are less common during normal times. We have the virus keratoconjunctivitis, which occurs in shipyard workers, together with other problems associated with the health of workers in our war industries. We have the continual threat of plague and typhus fever, and now there comes the potential menace of malignant strains of malaria and other tropical diseases brought to us by soldiers returning from the tropical and subtropical areas.

These war-associated conditions tend to obscure the more basic causes of morbidity and mortality which are constantly with us, some of which have been favorably influenced by control activities while others are untilled fields waiting for the plow and harrow of research and the seed drill of health education.

OVERCROWDING

Overcrowding in our war industrial areas is critical. At the same time there are a few cities where vacancies run as high as 10 per cent. However, the present practice of opening factories in nonfactory towns is apt to increase our housing problem in the towns which have so far escaped.

Health department inspectors have found improvised dormitories with bunks crudely constructed, one above another, not more than 18 inches to 24 inches apart. The passageways between these bunks were so narrow that it was almost impossible to walk between them. Court proceedings were sometimes necessary to abate such conditions. One defendant, through his lawyer, argued that the patriotic motive of providing space for war workers was the only reason for the condition, and inferred that the health inspector in bringing the action was working for the enemy.

Also, indecent living conditions are a direct cause of absenteeism on the part of industrial workers. If after a few days the worker's wife cannot find a suitable place to live, the worker will take time off to assist in the search, and if available housing in the community is below the standard to which he is accustomed he is likely to move on to another community. This is expensive to industry, to the community, and to the worker.

Losses of sanitary inspectors to the armed forces and to war industries have so depleted the staffs of health departments that adequate supervision is available in only a few areas.

In most sections of California it would be healthier to provide tent cities, with a certified water supply, than to allow the present overcrowded conditions in certain trailer camps, dwellings, and rooming houses to continue.

FOOD

Recently, by Presidential order, the nutrition section of the Office of Defense, Health and Welfare Services has been transferred to the Department of Agriculture, and now is under the direction of Food Czar Davis.

On the state and local levels, health organizations are the logical groups to take the leadership in the feeding program, and at the present time the local defense council forms the most natural channel through which to work. Health agencies, in planning the program, will soon study the work being done by every organization in the field and will use these organizations to their full capacity, giving generous credit for the work which is being done.

Careful surveys have shown that not more than 20 per cent of industrial workers, in representative plants, are securing adequate feeding. This is partially due to food shortages, but to a greater degree to the lack of knowledge or desire on the part of the individual to make proper food selections.

In Los Angeles County the industrial section of the joint nutrition committee of the City and County Defense Council has instituted a four-point program as follows:

1. The provision of a nutritious midshift meal for workers in industrial plants.
2. The provision of a lunch halfway between the midshift meal and the close of the work-day, consisting of a citrus drink and a fortified cookie.
3. Education of the worker in the choice of nutritious foods.
4. Education of the workers' wives in the selection and preparation of nutritious meals and lunches.

To activate this and other aspects of the educational program there is a great need for full-time workers to act as executive secretaries of nutrition committees.

INDUSTRIAL HYGIENE

The problem of industrial hygiene is bound up with our whole health program today. This becomes starkly apparent when we remember that, because of illness, production a year ago was decreased by the equivalent of 20 battleships, 20,000 war planes, 40,000 tanks, and millions of machine guns. A major part of illness in industrial workers is not industrial in nature.

At the Surgeon General's conference a week ago the Honorable Paul V. McNutt stated that by the end of 1943, 62.5 millions of men and women will be in the armed and labor forces. This is a major per cent of the able-bodied adults of our country, and the primary responsibility of health organizations and health workers is to maintain a level of health which will permit our workers to be at their posts of duty without interruption.

Our fighting forces have amply demonstrated that they are much more than the equal of our foes if they have the arms, ammunition and supplies necessary to fight a modern war. This is primarily a war of production and transportation, and we have not yet demonstrated that we can win it.

The motto of our fighting forces is, "The difficult we do immediately; the impossible takes a little longer." The time has come when we must see clearly that we on the home front, here in California, are an integral part of the fighting force and not an isolated group of more or less auxiliary adjuncts. This realization must cause us to re-

double our efforts in the prevention and control of disease because of the direct effect upon our industrial workers.

For example, the development of tuberculosis in the wife or child of an industrial worker will almost surely result in intermittent absenteeism on the part of the worker; and the same can be said of all chronic and, to a lesser extent, acute diseases.

The portion of the industrial hygiene program directed specifically at industrial hazards was initiated in California by the State Health Department in 1937. Insufficient funds and personnel have been a serious barrier to proper development to keep pace with war industries. The larger plants have, on the whole, well-organized accident prevention programs, but relatively few have given proper attention to plant hygiene, sanitation and the control of toxic dusts, vapors and gases.

A recent movement initiated by the industrial hygiene division of the health department to organize health committees in each plant is meeting with marked interest, and many such committees are already doing excellent work.

A ROUNDED-OUT PROGRAM IS DESIRABLE

Preventive medicine is a multi-faceted program. Whereas a few decades ago tuberculosis, diphtheria, typhoid fever and other infectious diseases were leading causes of death, today they rank well down the list and are led by the so-called chronic degenerative group.

Information relative to the prevention and control of many of these conditions is slowly being accumulated, and in some instances the time has come when health agencies must actively promote control programs. The question that immediately confronts us is how this can best be done. Shall individual agencies devoted to each condition continue to be developed, or shall the only strong organization—the Tuberculosis Association—step to the forefront. Obviously there are conditions which favor both viewpoints.

All are agreed that in a democracy health education is the most important factor in the prevention of disease and the promotion of health. Laws may be passed requiring a simple procedure, such as smallpox vaccination, but no legislation can ever induce the individual to go to his physician for the early diagnosis of what may be early heart disease, cancer, or pneumonia.

The Tuberculosis Association has proved its mettle in the field of health education. It knows how. It has the confidence of the people of every community. It has the opportunity and responsibility to enter the general field of health promotion, the like of which has never before presented itself. Already tuberculosis associations have broadened their scope of activities, and several of our prominent local associations are known as tuberculosis and health associations. This step was taken after careful planning, and its extension would, I believe, be of great benefit to the health program of our State and to the Associations. The resources and facilities of tuberculosis associations are being advantageously used, for instance, in the heart disease control.

In spite of war conditions, it has been considered advisable to initiate a rheumatic heart disease control program. Shall this be carried out by the Heart Association, or shall there be a combination of Heart Association and the Tuberculosis Association, giving the advantage of the experience and resources of both organizations? It seems to me that the answer is clear-cut, for by it both programs can, with proper guidance and planning, be strengthened.

The present emergency also presents an excellent opportunity for the Tuberculosis Association to step out into the field of promotion of the general health program. There is an interest today in health on the part of all segments of society which is placing the spotlight on the medical profession, and on voluntary and official health agencies. The U. S. Public Health Service and the Children's Bureau will, this coming fiscal year, make available to states approximately 50 million dollars to augment state health budgets. In many instances state health department budgets have likewise been increased. California's legislature has seen fit to augment the State Health Department budget by increasing the staffs of the maternal and child health and crippled children's bureaus, and by setting up staffs in public health nursing, industrial health and local health services.

I cite these increases to indicate the temper of the people of the State as expressed by their duly elected representatives. Likewise the Tuberculosis Seal sale has been the largest in history. These gains in resources have not come by chance.

The Tuberculosis Association's place in California's health program is to provide organization, leadership, funds, and special skills in the promotion of a total health program in every community where an association exists. As you go back home, reassess the health services available and do not feel satisfied until you, as a volunteer or a professional worker in a tuberculosis association, are certain that you are using your entire resources in the battle for proper feeding, housing, community sanitation, and for the control of disease.

WAR-TIME CREED FOR EVERY AMERICAN TODAY

Martin Treptow died at Chateau Thierry in 1918. In his diary was found the following statement:

"I will work . . . I will save . . . I will sacrifice . . . I will endure . . . I will fight cheerfully and do my utmost as if the whole struggle depended on me alone."

State Department of Public Health.
Phelan Building.

Placer Students X-Rayed.—During the month of January, tuberculin tests were given to the 170 junior and senior high school students at Roseville Joint Union High School, Placer County. Local physicians and nurses gave the tests. Positive reactors will be given x-rays. The program is financed by the Christmas Seal sale of the Placer County Tuberculosis Association.